

Office

UTAH DEPARTMENT OF HEALTH
INTERIM VERIFICATION OF MEDICAL ELIGIBILITY

TO MEDICAL PROVIDERS: This form serves as interim verification of eligibility while a medical card is being produced for newly approved recipients or to replace a stolen/lost card.

- The eligibility period cannot extend more than 10 days past the day the form is signed.
- If the Primary Physician or Health Plan area is blank, then any physician may render service. If a Health Plan is identified, then services must be provided by that Health Plan. These areas do not apply to any other provider types.
- When you submit your claim to Medicaid, be sure to include the correct ID Number of the patient on your claim form.
- A Plan Type and Co-pay Code must be listed for each individual on this form.
- If the patient is on a Medicaid limited drug benefit, a ‘Y’ will be entered in the Limited Drug column. These patients will only be covered for limited drug services.
- Please return the Form 695P to the Medicaid client.

The following persons are eligible to receive Title XIX Medicaid services during the period. *(Not to exceed 10 days)*

Dates _____ to _____

| NAME | ID NUMBER | PRIMARY PHYSICIAN/ HEALTH PLAN | PLAN TYPE* <small>(Required Field)</small> | CO-PAY CODE** <small>(Required Field)</small> | LIMITED DRUG Y/N <small>(Required Field)</small> |
|------|-----------|--------------------------------------|--|---|--|
| | -----X | | | | |
| | -----X | | | | |
| | -----X | | | | |
| | -----X | | | | |
| | -----X | | | | |
| | -----X | | | | |

* **PLAN TYPE** Traditional Medicaid - TM Non-Traditional - NT PCN - PC

****CO-PAY CODES:** 1. Non-Emergency Use of the ER, Outpatient Hospital & Physician Services, & Pharmacy
 2. No Co-Pay Required

Pharmacy is _____
(Required field)

The client(s) have health insurance with _____
(Please bill insurance prior to billing Medicaid)

Signature of Authorized Representative Date

FOR STATE USE ONLY

Case Name _____ Case Number _____ Program Type _____ Team _____

Address _____

Health Plan status is ☐ Active ☐ Pending